

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. 4484C1
First Inventor Ben F. Johnson
Title Capillary Electrophoresis Method and Apparatus for Reducing Peak Broadening Associated with the Establishment of an Electric Field
Express Mail Label No. EL 897 622 603 US

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents

ADDRESS TO:

Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original, and a duplicate for fee processing)
2. ☐ Applicant claims small entity status.
See 37 CFR 1.27.
3. ☒ Specification [Total Pages 25]
(preferred arrangement set forth below)
- Descriptive title of the Invention
- Cross References to Related Applications
- Statement Regarding Fed sponsored R & D
- Reference to sequence listing, a table, or a computer program listing appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claim(s)
- Abstract of the Disclosure
4. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 11]
5. Oath or Declaration [Total Pages 2]
a. ☐ Newly executed (original or copy)
b. ☒ Copy from a prior application (37 C.F.R. § 1.63(d))
(for continuation/divisional with Box 18 completed)
i. ☐ **DELETION OF INVENTOR(S)**
Signed statement attached deleting Inventor(s) named in the prior application, see 37 C.F.R. §§ 1.43(d)(2) and 1.43(c)
6. ☒ Application Data Sheet. See 37 CFR 1.76.

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
a. ☐ Computer Readable Copy (CRF)
b. Specification Sequence Listing on:
i. ☐ CD-ROM or CD-R (2 copies); or
ii. ☐ paper
c. ☐ Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

9. ☐ Assignment Papers (cover sheet & document(s))
10. ☐ 37 C.F.R. §3.73(b) Statement ☐ Power of Attorney (when there is an assignee)
11. ☐ English Translation Document (if applicable)
12. ☒ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
13. ☒ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
15. ☐ Certified copy of Priority Document(s) (if foreign priority is claimed)
16. ☐ Certified Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17. ☐ Other:

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☒ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No. **09/361,485** filed **July 26, 1999**

Prior application information:

Examiner: **Starsiak, J.**Group Art Unit: **1743**

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when it has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label (insert Customer No. or Bar Code Label here) or ☐ Correspondence address below

Name	Paul D. Grossman				
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Name (Print/Type)	Paul D. Grossman	Registration No. (Attorney/Agent)	36,537
Signature	<i>Paul D. Grossman</i>	Date	February 13, 2002

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**FEE TRANSMITTAL
for FY 2002**

Patent fees are subject to annual revision.

Complete if Known

Application Number	To be assigned
Filing Date	February 13, 2002 (herewith)
First Named Inventor	Ben F. Johnson
Examiner Name	Starsiak, John
Group Art Unit	1743
Attorney Docket No	4484C1

TOTAL AMOUNT OF PAYMENT (\$) 740.00**METHOD OF PAYMENT (check one)**

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayment to

Deposit Account Number 01-2213
Deposit Account Name Applied Biosystems

- ☒ Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17

- ☐ Applicant claims small entity status See 37 CFR 1.27

2. ☐ Payment Enclosed:
☐ Check ☐ Credit card ☐ Money ☐ Other Order

FEE CALCULATION**1. BASIC FILING FEE**

Large Entity	Small Entity	Fee	Fee	Fee	Fee Description	Fee Paid
Code (\$)	Code (\$)	Code (\$)	Code (\$)	Code (\$)		
101	740	201	370		Utility filing fee	740.00
106	330	206	185		Design filing fee	
107	510	207	255		Plant filing fee	
108	740	208	370		Reissue filing fee	
114	160	214	80		Provisional filing fee	

SUBTOTAL (1) (\$)**2. EXTRA CLAIM FEES**

Total Claims	Extra Claims	Fee from below	Fee Paid
3	-20%	0	0
Independent Claims	3	-3 **	0
Multiple Dependent			0

** or number previously paid, if greater; For Reissues, see below

Large Entity	Small Entity	Fee	Fee	Fee	Fee Description
Code (\$)	Code (\$)	Code (\$)	Code (\$)	Code (\$)	
103	18	203	9		Claims in excess of 20
102	84	202	42		Independent claims in excess of 3
104	280	204	140		Multiple dependent claim, if not paid over original patent
109	84	209	42		** Reissue claims in excess of 20 and over original patent
110	18	210	9		** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
105	130	205	65	
127	50	227	25	
139	130	139	130	
147	2520	147	2520	
112	920*	112	920*	
113	1840*	113	1840*	
115	110	215	55	
116	400	216	200	
117	920	217	460	
118	1440	218	720	
128	1960	228	980	
119	320	219	160	
120	320	220	160	
121	280	221	140	
138	1510	138	1510	
140	110	240	55	
141	1280	241	640	
142	1280	242	640	
143	460	243	230	
144	620	244	310	
122	130	122	130	
123	50	123	50	
126	180	126	180	
581	40	581	40	
146	740	246	370	
149	740	249	370	
179	740	279	370	
169	900	169	900	

Other fee (specify) _____

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)**SUBMITTED BY**Name (Print/Type) Paul O. Grossman

Registration No. (Attorney/Agent)

36,537**Complete (if applicable)**Telephone 650.638.5846Signature [Signature]Date 2-13-02**WARNING:**

Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.